



Texas Department of Insurance

Division of Workers' Compensation

Medical Fee Dispute Resolution, MS-48

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MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name and Address

VICTOR ARELLANO MD
10109 MCKALLA PLACE SUITE E
AUSTIN TX 78758

Respondent Name

INDEMNITY INSURANCE CO OF NORTH
AMERICA

Carrier's Austin Representative Box

Box Number 15

MFDR Tracking Number

M4-12-1695-01

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "per Medical Fee Guidelines"

Amount in Dispute: \$150.00

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "According to the DWC-32, the designated doctor was requested to only address maximum medical improvement (MMI) and assign an impairment rating (IR). However, Requestor has billed for more services which were not requested and were not reimbursed. Requestor double-billed the CPT code 99456-W5-WP. They billed the code once in the amount of \$850.00 and once in the amount of \$600.00. DWC Rule 134.402 assigns the modifier W5 for MMI and IR. WP modifier means the whole procedure was performed by one doctor. MMI is reimbursed at \$350.00. IR is reimbursed according to the type of body part examined and the type of examination performed. Requestor was reimbursed \$150.00 for the IR as there were no range of motion calculations listed in the report. Thus, as it was not fully and completely documented that a true range of motion examination was performed, Requestor was not owed the full \$300.00 for IR with range of motion testing. Requestor then billed CPT code 99456-W6-RE. In accordance with DWC Rule 134.204, W6 modifier is used when the designated doctor examines the Claimant for determination of extent of injury. The RE modifier is to be used when a return to work examination is performed separately from MMI and IR. Neither of these two modifiers are to be used together which makes the billing inappropriate. Requestor was not assigned to examine the Claimant to determine extent of the injury or return to work, nor does his report indicate that these examinations took place, and should not have billed Respondent for these examination"

Response Submitted by: Downs-Stanford, PC, 2001 Bryan St., Suite 4000, Dallas, TX 75201

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
June 1, 2011	CPT Code 99456-W5-WP	\$150.00	\$0.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for health care providers to pursue a medical fee dispute.
2. 28 Texas Administrative Code §134.204 sets out the fee guidelines for the reimbursement of workers' compensation specific codes, services and programs provided on or after March 1, 2008.
3. The services in dispute were reduced/denied by the respondent with the following reason codes:

Explanation of benefits dated September 14, 2011

- 222 – CHARGE EXCEEDS FEE SCHEDULE ALLWOANCE
- ANSIW1 – W1 – WORKERS COMPENSATION STATE FEE SCHEDULE ADJUSTMENT.

Explanation of benefits dated January 6, 2012

- ANSIW4 – W4 –NO ADDITIONAL REIMBURSEMENT ALLOWED AFTER REVIEW OF APPEAL/RECONSIDERATION.
- SRS720 – REQUEST FOR RECONSIDERATION REVIEWED. NO FURTHER PAYMENT RECOMMENDED.

Issues

1. Were the services in dispute appropriately billed?
2. Has the Designated Doctor (DD) examination been reimbursed appropriately per 28 Texas Administrative Code §134.204?
3. Is the requestor entitled to additional reimbursement for the disputed services under 28 Texas Administrative Code §134.204?

Findings

1. Per the requestor's submitted *Table of Disputed Services*, the only code in dispute is 99456-W5-WP billed for \$600.00, with a disputed amount of \$150.00. The Division order on the DWC032 was to determine Maximum Medical Improvement/Impairment Rating (MMI/IR).
2. Review of the submitted documentation supports that Maximum Medical Improvement (MMI) was addressed per 28 Texas Administrative Code §134.204(j)(3)(C), and the Maximum Allowable Reimbursement (MAR) for MMI is \$350.00. Review of the submitted documentation supports impairment rating was performed, however the documentation did not include Range of Motion testing. The Impairment Rating per AMA Guides to the Evaluation of Permanent Impairment, 4th Edition for the shoulder is reimbursed per 28 Texas Administrative Code §134.204(j)(4)(C)(ii)(I) and the MAR for the Impairment Rating is \$150.00. The combined MAR for the disputed CPT code 99456-W5-WP is \$500.00.
3. The respondent has previously reimbursed the amount of \$500.00 for the disputed CPT code 99456-W5-WP. Therefore, the requestor is not entitled to additional reimbursement.

Conclusion

For the reasons stated above, the Division finds that the requestor has not established that additional reimbursement is due. As a result, the amount ordered is \$0.00.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to \$0.00 reimbursement for the disputed services.

Authorized Signature

_____	_____	_____
Signature	Medical Fee Dispute Resolution Officer	March 29, 2012 Date

YOUR RIGHT TO REQUEST AN APPEAL

Either party to this medical fee dispute has a right to request an appeal. A request for hearing must be in writing and it must be received by the DWC Chief Clerk of Proceedings within **twenty** days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. The party seeking review of the MDR decision shall deliver a copy of the request for a hearing to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §148.3(c), including a **certificate of service demonstrating that the request has been sent to the other party**.

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.